



Communicable Disease Branch Coronavirus Disease (COVID-19) Key Points

June 9, 2020

The North Carolina Division of Public Health (NC DPH) Communicable Disease Branch will be releasing COVID-19 key points that include information discussed on the bi-weekly Tuesday Local Health Department call. Recordings of the call will not be made available; please use the information below as a summary of the topics presented on the call. As guidance changes, please use the most recent information provided. For questions, contact the NC DPH Communicable Disease Branch 24/7 Epidemiologist on Call at **919-733-3419**.

Important updates

- **New:** [CDC Guidance for the Use of Eye Protection and N95](#)

NC EDSS

Surveillance data are updated on the NC DHHS website daily. Data are pulled from NC EDSS between 4 and 5am and undergo a cleaning process before being posted on the website. After 5am, any changes to the data because of reassignments or deduplication will not be reflected on the website until the following day.

The Data Team is targeting several NC EDSS fields to improve data quality:

- **Administrative Package:**
 - Only send laboratory confirmed cases to the state marked as “confirmed”
 - Any events that do not have a lab entered and marked as “confirmed” will be changed to “under investigation” and sent back to the LHD for lab entry.
 - Any events marked as “confirmed” that are unaccompanied by a lab will not be included in the case count, as they do not meet case definition of a confirmed case.
- **Demographic Package:**
 - Gender – If gender does not automatically feed into the event, please be sure to enter it if it is missing.
 - Race/Ethnicity – Currently Race and Ethnicity are missing from about 30% of cases. Please inquire about race/ethnicity as a standard part of your investigation. For American Indian/Alaska Native, please indicate the tribal affiliation using the drop-down menu.
- **Clinical Package:**
 - Symptom status – Symptom status is currently missing for about 30% of patients. If a patient is asymptomatic, please be sure to indicate this field. Please indicate the earliest date of illness identification. For symptomatic cases, this should be the date of symptom onset. For asymptomatic patients, this should be the date of lab testing or diagnosis.
 - Underlying conditions – a report is released every Tuesday with this information. Currently, data on underlying conditions are missing for 50% of cases.



- Risk History Package:
 - Case investigation and contact tracing data will be provided to NC DHHS leadership, including information on the proportion of cases that have been interviewed, the proportion that were interviewed within 24 hours of report to public health, and the proportion of cases for whom contacts were successfully elicited. Please indicate if the case was interviewed and the date of the interview. Please also indicate if contacts were identified and entered into the CCTO software.

Local health departments can access county-specific data in NC EDSS. Users can run the '*All Models Deidentified (or Identified) Cases and Contacts Line List by Event Create Date*' reports for COVID and COVID deaths. Users can also run the report '*All Models Demographic and Risk Factor Statistics by Event Create Date*' which will generate tables of cases by age, ethnicity, race, gender, country of birth, and certain risk factors.

Clusters and Outbreaks

Reminder: NC DPH recommends the following definition for reporting clusters of COVID-19 in workplace, educational, and other community settings. A cluster is defined as:

- A minimum of 5 cases with illness onsets or initial positive results within a 14-day period AND
- Plausible epidemiologic linkage between cases

Local health departments should report all COVID-19 clusters that meet the above definition to NC DPH. Reporting may be done through the Epidemiologist on Call at 919-733-3419 and/or by submitting an outbreak worksheet to CDOutbreakWorksheet@dhhs.nc.gov. An updated version of the outbreak worksheet is available in the CD manual.

Contact Tracing

On June 6, 2020, an email went out to all CCTO tool users which included job aids regarding:

- Best Practices for Household Contacts
- Best Practices for Outreach to Minors
- Quick Reference for Supervisors
- Viewing Contacts and Appointments/Tasks
- Handing Off Contact

Availability of daily survey materials in Spanish is a top priority. NC DPH is currently working to establish access to the CCTO system for LHD administration, which will include training tools outlining the process of downloading and viewing reports.

An out-of-jurisdiction (OOJ) process for contact tracing in CCTO will be established. A protocol and job aid on this process will be forthcoming. For now, do not change your normal OOJ process. County staff that will need access to the CCTO tool but don't currently have an NCID will need to contact their LHD NCID administrator who can generate the ID. LHD administrator help desk numbers can be found [here](#).

Requesting CCNC surge staff can be done by emailing either of the following:



- cctc-staffing@communitycarenc.org
- Christina Page (cpage@communitycarenc.org)

Clinical and Infection Prevention Guidance

CDC has updated guidance on the use of eye protection and N95 use, located here:

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-faq.html#asymptomatic>.

HCP are recommended to wear eye protection (and facemask) for the care of **all** patients in areas with **moderate to substantial** community transmission. Additionally, HCP should wear a N95 or higher-level respirator for AGPs for the care of all patients in these areas.

Considerations to Halt Admissions/Re-admissions in LTC settings:

The threshold for determining when admissions should be halted is dependent upon multiple factors and should be made in collaboration with the LHD, the NC DPH, and the Division of Health Service Regulation.

- Facility is non-compliant with infection prevention practices
- Facility does not have adequate staff, supplies (PPE), or space necessary to care for infected and non-infected COVID residents.

Work on an Executive Order to ease restrictions in smaller residential settings is underway. It is anticipated that easing of restrictions for larger settings will take place in Phase 3 or later.